

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/936,921

FILING DATE

9.20.01

APPLICANT(S)

11/10.04 CLAIMS

	AS FILED		AFTER		AFTER		#
	IND.	DER.	IND.	DER.	IND.	DER.	
1.							
2.							
3.	2						
4.	0						
5.	0						
6.	0						
7.	0						
8.	0						
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47.	0						
48.	0						
49.	0						
50.	0						
TOTAL IND.			3		2		
TOTAL DER.			25		8		
TOTAL CLAIMS			28		10		

#	IND.	DER.	IND.	DER.	IND.	DER.
51.						
52.						
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97.						
98.						
99.						
100.						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS